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I certify that on 7/2/04, which is the date I am signing this certificate, this correspondence and all attachments mentioned are being deposited in the United States Postal Service as first class in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

[Signature]
Craig A. Slavin

Applicant: Johnson

Serial No.: 10/603,435

Filing Date: June 23, 2003

Title: MULTIPLE ORIENTATION
IMAGE FORMING DEVICE AND
CARRIAGE FOR USE WITH SAME

Group Art Unit: 2854

Examiner: Colilla

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**REQUEST FOR CORRECTION OF DEFECTIVE OFFICE ACTION AND
RESTARTING OF PERIOD FOR RESPONSE UNDER MPEP 710.06**

Sir:

Applicant is in receipt of the Office Action mailed on June 23, 2004 for the above-identified application. The Office Action includes various objections and double patenting rejections related to claims 1-30. Claims 1-30 were, however, canceled and replaced by claims 31-46 in the preliminary amendment that was filed concurrently with the application. Copies of the preliminary amendment and date stamped postcard receipt are attached hereto as Exhibit 1. Apparently, the amendment was not entered prior to consideration of the application by the Examiner.

In view of the fact that the preliminary amendment was not considered despite its being filed prior to the mailing of the Office Action, applicant hereby requests that the Office Action be withdrawn, that a supplemental Office Action be issued, and that the period for response be re-started such that it begins with the mailing date of the supplemental Office Action.

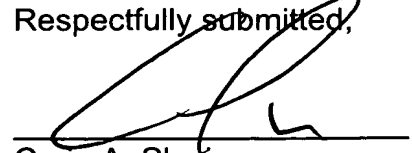
Reexamination and reconsideration of the application are respectfully requested. Allowance of the claims at an early date is courteously solicited. If for any reason the Examiner finds the application other than in condition for allowance, the Examiner is respectfully requested to call Applicant's undersigned representative at (310) 563-1458 to discuss the steps necessary for placing the application in condition for allowance.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 08-2025. Should such fees be associated with an extension of time, applicant respectfully requests that this paper be considered a petition therefor.

7/2/01
Date

Henricks, Slavin & Holmes LLP
840 Apollo Street, Suite 200
El Segundo, CA 90245
(310) 563-1458
(310) 563-1460 (Facsimile)

Respectfully submitted,


Craig A. Slavin
Reg. No. 35,362
Attorney for Applicant



10006468.3
APP
6-25-03

PATENT

Client Name & Docket No. HP 10006468-3
Title: MULTIPLE ORIENTATION IMAGE FORMING
Applicant: JOHNSON ET AL. Filing / Issue Date: 6/25/03
Ser. / Pat. # _____

Please Acknowledge receipt of:

<input checked="" type="checkbox"/> Application having <u>18</u> pages of specification and claims, and <u>5</u> sheets of drawings, FIG(S) <u>1-8</u>	<input type="checkbox"/> Letter
<input checked="" type="checkbox"/> Declaration / Oath	<input checked="" type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> Power of Attorney	<input type="checkbox"/> Request for Priority and Pri. Doc.
<input type="checkbox"/> Request for Non-Publication	<input type="checkbox"/> Reply to Office Action
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Check # _____
<input type="checkbox"/> Patent Assignment Cover Sheet	<input type="checkbox"/> Request for Ext. of Time
<input type="checkbox"/> Assignment	<input type="checkbox"/> Check # _____
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Reply to Final Rejection
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Check # _____
<input checked="" type="checkbox"/> Form PTO-1449 / SB08 & Refer.	<input checked="" type="checkbox"/> Corrected Drawings <u>5</u> sheets, FIG(S) <u>1-8</u>
<input type="checkbox"/> Certification	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Check # _____
<input type="checkbox"/> Reply to Missing Parts Notice	<input type="checkbox"/> Other _____
<input type="checkbox"/> Check # _____	
Mailed <u>6/25/03</u>	<input type="checkbox"/> Maintenance Fee Transmittal Form
	<input type="checkbox"/> Check # _____
	<input checked="" type="checkbox"/> Cert. of Mailing <u>6/25/03 10/403425</u>
	By <u>CAS</u>

U.S. PTO
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